

**Home Visiting Task Force  
Sustainability Workgroup Meeting  
April 28<sup>th</sup>, 2014**

**MEETING MINUTES**

**Attendees:** Juanona Brewster, Dan Harris, Teresa Kelly (co-chair), Audrey Moy, Anna Potere, Mike Shaver (co-chair), Nancy Shier, Penny Smith, Joanna Su, Jay Young

**March 14<sup>th</sup> Meeting Minutes**

- The minutes were unanimously approved with no changes.

**State Budget Update**

- The Illinois Human Services Commission is holding budget hearings in Chicago and Springfield on human services.
- Key early childhood items in the governor's proposed budget would:
  - Restore \$25 million to the Early Childhood Block Grant so that, according to the governor's office, an additional 8,000 children can benefit from early childhood education
  - Maintain level funding for home visiting programs in DHS
  - Provide an additional \$8 million for Early Intervention to meet the increased need for services due to improved referral and identification
  - Provide an additional \$166 million for child care (assumes the passage of an FY14 supplemental appropriation)
- The investments in the governor's proposed budget rely on a continuation of current state income tax rates. As budget discussions now shift to the General Assembly, we will need your help to protect and grow early childhood funding. Senate President and House Speaker are supportive of Quinn's proposal to extend income tax. That has to pass by the end of May with the budget appropriations.
- By May 1, the decision regarding whether to put a constitutional amendment on the ballot to create a progressive income tax structure in Illinois must be passed by 2/3 of both chambers.

**Medicaid Financing Update**

- Managed Care: Nine Accountable Care Entities (ACEs) were conditionally approved through the recent RFP process.
- 1115 Waiver: The submission deadline was extended and implementation workgroups are convening. It is still unclear how the workgroups will be convened and who will participate.

**Mathematica and Chapin Hall research findings**

- In 2008, the Children's Bureau (CB) in the Administration for Children & Families (ACF) in the U.S. Department of Health and Human Services (DHHS) entered into cooperative agreements with 17 organizations in 15 states to support the implementation of home visiting programs that have potential to prevent child maltreatment. Three goals were identified:
  - Support implementation with fidelity to the home visiting program models
  - Support scale-up of the home visiting models—replicating the program model in a new service area, adapting the model for a new target population, or increasing the enrollment capacity in an existing service area
  - Support sustainability of the home visiting model beyond the end of the funding period
- "Findings from the EBHV National Evaluation"
  - The first key finding is that implementing agencies consistently met many fidelity standards, but struggled to maintain caseloads and deliver services at the intended intensity. This is very important for funders to understand.
  - Sustaining caseloads is an ongoing challenge and actually drives up costs. We should find out if this is a challenge for existing, long-running home visiting programs as well.

- Higher risk families are more likely to leave the program earlier than lower risk families. This is a big challenge because we want to target higher risk families.
- The largest influence on programs is the supervisor. We need to set the bar higher than minimum standards.
- There has always been a struggle to get more financial support for indirect costs and there should be an investment in recruitment. The policies of DHS and ISBE are that indirect costs are 5-10% but in reality indirect costs account for 25-30% of budgets.
- Deb Daro will present these findings at the Home Visiting Task Force meeting on July 1 so that funders can hear this and we can use this to shape the work going forward.
- “Costs of Home Visiting” Report:
  - The average program costs \$581,000, serving 110 families. Activities related to service delivery make up 72% of costs while remainder goes to staff training, CQI, supervision, data, etc.
  - The average cost per family is \$6533, but the range is very broad. Among models, PAT is the lowest cost while NFP is highest.
  - The costs for new agencies are much higher than for existing agencies that expanded. This is a good point to make with the Accountable Care Entities because it is more worthwhile for them to contract with existing home visiting programs than to start one.
  - The biggest difference is among agency types: lowest is non-profit organization, followed by government in the middle, and hospitals/health clinics are highest cost.
  - Both program model and agency characteristics influence costs.
  - The average length of stay for a family in a program is 44 weeks.

### **MIECHV Reauthorization**

- FFY14 funding:
  - The MIECHV reapplication for next year is out and is due May 23<sup>rd</sup>. HRSA is asking for a 14-month budget (beginning in August instead of October), which may be related to the extension.
  - The FFY14 funding must cut an additional 7.2% over the 5.1% cut due to sequestration. The goal is not to lose infrastructure and direct services.
- Extension:
  - The MIECHV grant was set to expire on September 30, 2014. Following a national advocacy campaign in which the HVTF and the ELC actively participated, the “doc fix” legislation passed by Congress on March 31<sup>st</sup> extended the grant for 6 months - until March 31<sup>st</sup>, 2015 – with a full year of funding at the current funding level of \$400 million.
  - If the funding formula remains the same, Illinois can expect to receive approximately \$4M for the additional year of funding.
  - It is unclear whether this will overlap with the normal, expected FY14 funding and we are still waiting for guidance from HRSA.
- Longer-Term Strategy:
  - Along with quarterly reports, providers submit success stories, e.g. a family that has benefited from home visiting and is comfortable being identified. One of the communities is discussing building a YouTube channel to share stories.
  - The co-chair of the Home Visiting Task Force recently met with the White House, where she learned that they want stories from Illinois that are matched to the MIECHV benchmarks and social determinants of health.

### **Next Meeting**

- Our remaining meetings for 2014 are July 9<sup>th</sup>, September 15<sup>th</sup>, and November 14<sup>th</sup>.
- Suggested agenda items for our July meeting include an update on the Medicaid waiver, and a state and federal budget update.